

# CITY OF BIRMINGHAM FIELD WORKSHEET

## SECTION 1: BACKGROUND DATA

Today's date:		Field Objective (circle):      In-Stream      Screening      ORI'S			Time (Military):		
Site ID:				Sub-Water:		HUC 12 CODE:	
Investigators:				Form completed by:			
Air Temperature (°F): _____		Rainfall (in.): Last 72 hours: _____      Day of Event: _____			Total Rainfall (in.): _____		
					Rain Code: _____		
Latitude:		Longitude:		Nearest Address:			
Land Use in Drainage Area (Check all that apply):				<input type="checkbox"/> Open Space <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential		Photo Log Id #:	
<input type="checkbox"/> Industrial <input type="checkbox"/> Ultra-Urban Residential Other: _____							
Total Rain Fall Code System: 0in. (No Rain Code # 1)    0.01-0.05in. (Trace of Rain Code # 2)    0.06-0.09in. (Light Rain Code # 3)							
0.10-0.15in. (Moderate Rain Code # 4)    0.16-0.49in. (Moderate Heavy Rain Code # 5)    0.50-1.00in. (Heavy Rain Code # 6)    ≥1.01in. (Very Heavy Rain Code # 7)							

## SECTION 2: PHYSICAL INDICATORS

**Are Any Physical Indicators Present in the flow?**    ☐Yes            ☐No

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Other: (Notes)	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in flow
Floatable -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### SECTION 3: QUANTITATIVE CHARACTERIZATION (FLOW IS NEEDED FOR ALL HEAD WATER, TAIL WATER AND SCREENING SITES)

PARAMETER		RESULT		UNIT	EQUIPMENT
<input type="checkbox"/> Pipe or Culvert	AVG Flow depth	_____ = Avg. _____	Bi-annual/ Fixed	CM	Ruler
	AVG Flow width	_____ = Avg. _____	Bi-annual/ Fixed	M	Tape measure
	AVG Flow	_____ =Avg. _____	Bi-annual/ Fixed	M/S	Pygmy Current Meter
<input type="checkbox"/> Stream	AVG Flow	_____ =Avg. _____	Bi-annual/ Fixed	L/S	1 Liter Sample Bottle
Illicit Discharge Notes :					

#### SECTION 4: QUANTITATIVE WATER QUALITY CHARACTERIZATION

PARAMETER	RESULT	EQUIPMENT	PARAMETER	RESULT	EQUIPMENT
Water Temperature	°F	YSI	Barometric Pressure	mmHg	YSI
DO%	%	YSI	DO	mg/L	YSI
Conductivity	µS/cm	YSI	pH	Units	YSI
Oxidation Reduction Potential	MV	YSI	Turbidity	NTU	Oakton Meter
Total Hardness	mg/L	Test Strip	Chlorine, Total Residual	mg/L	Stormwater Kit
Chlorine, Total	mg/L	Test Strip	Phenols	mg/L	Stormwater Kit
Chlorine, Free	mg/L	Test Strip	Copper, Total	mg/L	Stormwater Kit
Total Alkalinity	mg/L	Test Strip	Detergents	mg/L	Stormwater Kit
Ammonia	mg/L	Test Strip			

#### Section 5: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

#### Section 6: Are Lab Samples Collected? ☐ Yes ☐ No

**Sample Bottles** : Mark next to all samples that are collected for lab analysis requested

_____ BOD	_____ TKN	_____ Zinc (Village Creek Only)
_____ TSS	_____ TP	_____ Other: _____
_____ Ortho PO4	_____ <i>E. coli</i> -E9222D	
_____ TN	_____ TDS (Village Creek Only)	